



THE MOUNTAINEER

"Care with Compassion"

Volume 15, Number 9

Did you know ... In the September 2008 issue of *Managed Care Magazine*, the DoD's health care program, Tricare, was named as the best health insurer in the nation for patient satisfaction? See page 7 for more information.

Joint Commission report: Full Accreditation

by Sharon D. Ayala
Public Affairs Officer

Last month, Madigan Army Medical Center underwent its Triennial Joint Commission survey during the week of Sept. 8 - 12, and once again achieved full medical center accreditation status.

What is a Joint Commission Survey?

Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. The Joint Commission accredits and certifies more than 15,000 health care organizations and programs in the United States. The Department of Defense requires all military hospitals to be accredited by the Joint Commission.

Madigan's Survey

For five intensive days, the six-member survey team, a physician, nurse, administrator, ambulatory specialist, engineer and social rehabilitation specialist conducted a thorough review of the processes in place at Madigan that impact in-and-outpatient services, patient safety, environment of care, and adherence to Joint Commission standards. Surveyors also performed site visits and reviewed processes at the outlying clinics for which Madigan has oversight.

"The surveyors were very impressed with the transparency across the command and how well everyone worked together being open and forthcoming," said Maj. Gen. Patricia Horoho, commanding general, during a short ceremony after the results were announced.

Joint commission surveyors typically spend about 70 percent of their time fo-

cusing directly on quality of care and patient safety issues. Consequently, Lisa Danforth-Lewis, chief, Quality Services Division, said that while at Madigan, the surveyors spent most of their time "tracing" patient's care.

"Tracing involves looking for evidence of good patient hand offs, and communication, as well as good medical care," Danforth-Lewis explained. "They also look for evidence that the staff members who are caring for the patients are competent and well trained."

Horoho underscored the important contributions that each individual staff member makes toward the overall success of the organization.

"This was truly a team effort in the way we provide health care," Horoho said, "and I'm proud of you."

Madigan's next survey will be within the next 18 to 39 months.

AW2 advocate now at MAMC

Program offers unique services for wounded Soldiers

by Sharon D. Ayala
Public Affairs Officer

Corinne Wilkins recently joined Team Madigan as the Army Wounded Warrior (AW2) Program Advocate. Her primary mission is to assist and advocate for severely wounded Soldiers and their Families throughout their lifetime.



Corinne Wilkins

The AW2 provides unique services to the most severely wounded Soldiers. Those services include:

- Helping wounded Soldiers remain in the Army by educating them on their options and assisting them in the application process
- Assisting with future career plans and employment opportunities beyond their Army careers
- Supporting them with a staff of subject matter experts proficient in non-medical benefits for wounded Soldiers
- The program also helps Soldiers to obtain full VA and Army benefits; get healthcare after retiring from the Army; get financial counseling to buy a house; and more.

Wilkins, who works on the eighth floor of the inpatient tower, provides AW2 support to approximately 5 Soldiers every day.

"What's great for me is that I'm co-located with the Soldiers' case managers. So, if the Soldier is on the floor for an appointment, the nurse case manager may bring him or her to my office for an initial screening to see if they are eligible," Wilkins said.

Established in April 2004 as the Disabled Soldier Support System (DS3), the Army responded to the needs of the most severely wounded, injured or ill Soldiers who were returning from Operation Iraqi Freedom and Operation Enduring Freedom. Today, AW2 serves more than 2,900 Soldiers and their Families, focusing on the most severely injured Soldiers and their Families.

(See AW2, page 5)

2008 Combined Federal Campaign underway

by Sharon D. Ayala
Public Affairs Officer

October 1 marked the beginning of the 2008 Combined Federal Campaign for the Puget Sound area. Last year, military and civilian personnel assigned to Madigan Army Medical Center donated more than \$147,000 to charitable organizations during the 12 weeks that the program ran.

This year's CFC project officer said that due to the great need brought about by so many powerful natural disasters, he expects this year's donations to surpass last year's.

"In 2007, we had about 510 people from Madigan who donated. I would like to exceed that this year by an additional 10 to 20 percent, which is pretty realistic," said Capt. Scott Martin.

To help Martin achieve that goal, he said that the Madigan CFC contact representatives will be providing prospective donors with more information about the CFC, how their donations are used, and the overall benefits of donating.

"The contact representatives will go through specific training so that they can better explain how the program works," Martin said. "Each department will have its own key worker who will be making the quality 'ask' and handing out the charity listings brochure and pledge forms."

Each year, nearly four million federal employees and military personnel are able to contribute to the charities of their choice during the annual charity drive. Donations



Photo by Sharon D. Ayala

Madigan Army Medical Center kicked off this year's CFC program with the Command Team being the first to donate to their favorite charity. Pictured l-r (standing) are Capt. Scott Martin and Master Sgt. Chris Diehl, (l-r, at the table) Col. Julie Martin, Chief of Staff, Maj. Gen. Patricia Horoho, commander, Command Sgt. Maj. Billy King, (l-r, back row) Col. Paul Kondrat, deputy commander for Nursing, and Col. Ronald Place, deputy commander for clinical service.

tions can be made by payroll deductions, check, or money order. Non-federal employees may give a one-time cash or check donation. New this year for donors in the Puget Sound area is the option to donate online by going to, www.cfcgive.org.

To help promote this year's campaign, Martin said that throughout the months of October and November, the Madigan daily bulletin will highlight one charitable agency each day, and representatives from various local charities will be available outside of the dining facility to provide information and answer questions about

how your CFC contributions can help make a difference.

"When you give through the CFC to the charity of your choice ... you empower a person in need, strengthen your neighborhoods and community for both you and your children, and not only make a difference, but create the foundation for systematic change," Martin said.

For more information, contact your department CFC representative, Capt. Scott Martin, 968-5804, or Master Sgt. Chris Diehl, CFC NCOIC, 968-0720. The CFC program ends Nov. 30.

VIEW POINT ...

●Commentaries

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MHS wants feedback from injured Soldiers and Families

The Military Health System invites wounded, ill or injured service members and their families to respond to a new pair of questionnaires designed to help MHS leaders better understand the needs and expectations of the warriors in their care.

The questionnaires—one for wounded, ill or injured service members and one for their family members—are currently available on the Military Health System Web site and will remain open for completion through November. Both questionnaires ask for feedback concerning a service member's experience and satisfaction with the care he or she has received since becoming wounded, ill or injured.

To encourage honest and specific answers that will lead to positive changes in how the MHS handles care for wounded, ill or injured service members, all questionnaire responses are anonymous. Questionnaire results and analysis should be available in November, 2008, at www.health.mil.

These questionnaires are part of Defense Secretary Robert Gates' commitment to supporting wounded, ill and injured service members—ensuring that their care is DoD's top priority. This care is continually improving but MHS leaders recognize that there is still more to be done. By listening to the opinions of wounded, ill or injured service members and their families, the MHS will be in a better position to meet their needs and expectations.

The online questionnaires are available now at: <http://www.health.mil/Pages/Page.aspx?ID=18>.

America's Military Health System (MHS) is a unique partnership of medical educators, medical researchers, and healthcare providers and their support personnel worldwide. For more information regarding this questionnaire, please contact (703) 681-1750.

(MHS Press Release)

Patients express gratitude for quality care/service provided at Madigan

LETTERS TO THE EDITOR

Dear Maj. Gen. Horoho:

Although I've been retired for 16 years now, I remember that the majority of letters from patients/customers turn out to be complaints, but I want to do just the opposite and commend your entire staff in physical rehab. From the officer in charge to the front desk, everyone has treated me as if I were the only patient there. I noticed that same care and attention given to others. I am very impressed with the degree of professionalism that each member of the team demonstrates.

There are a few particulars that I would like to note. Ms. Rapp, at every visit she is always very encouraging. I am truly blessed to have her as my therapist. The technicians and all of the others were just as helpful. I have always found myself feeling like I was going to visit old friends rather than going to physical therapy. Then, there's Maj. Clarkson and Sgt. 1st Class Jones who were nice enough to put up with my corny jokes.

I want to commend the entire staff for a job well done. It is very seldom that you come across a unit where each member performs flawlessly. I am proud to say that this is one of those first-rate units. So, please pass on my thanks to all.

Sincerely,
Mike

Dear Maj. Gen. Horoho:

I would like to express my gratitude to the staff at Madigan for the outstanding care they provided to my son.

My son is an OIF Soldier who was injured on the June 15, 2008. He arrived at Madigan on June 18 and was hospitalized for five weeks. During that time, we experienced nothing but the best of care. Under the care of Dr. Eric Bluman and his team, I felt that my son was in the hands of capable physicians who approached his case with both expertise and compassion. During the many anxious weeks of his hospitalization, their professionalism and steady presence helped ease my fears. In particular, I would like to thank resident physicians Dr. Nathan Frost and Dr. Christopher Hills for their daily attention to my son's needs. My son enjoyed seeing them every morning on rounds where they patiently answered his questions and lifted

his spirits with their laughter and humor.

My heartfelt thanks also goes to the 7 North nursing staff and inpatient case team for their excellent work. They were incredibly attentive and supportive to both my son and our family during this difficult time. I will never forget their compassion, and the numerous ways they acted as true patient advocates for my son. My son's injuries caused him a great deal of pain, but I witnessed how the nurses consistently managed his pain with effectiveness and good judgment. My special thanks go to Ms. Kate Sumner, who was often assigned as my son's nurse. Her warm smile and gentle manner was a true blessing to us. Also, I would like to recognize Mr. Mike Pontius for all his effort on our behalf.

In addition, I would like to thank my son's physical therapist, Mr. Steve Travers, who is handling my son's case with great skill and care. Mr. Travers and the entire physical therapy team create a rehabilitation environment that is positive and encouraging. Because of their effort, I believe my son's recovery will reach its fullest potential.

There are so many more individuals that I wish to acknowledge, including the people we befriended among the chaplaincy, nutritional services, housekeeping staff, and others, but they are too numerous. I hope, though, that ev-

eryone involved in my son's care knows how indebted we are to them for their effort. Having a son injured in war has been a trying experience for me and my family. But with the resources and support of the entire staff at Madigan, I believe that my son will ultimately make an excellent recovery. Keep up the superb work. It means so much to us.

Gratefully,
Judy

Dear Maj. Gen. Horoho:

I want to thank the following staff at the Madigan's Emergency Room who took such good care of me on two visits in August, while they were literally swamped with patients. These professionals made me, an elderly widow, feel at ease even though I was in pain. Capt. Tofte, Major Leffers, Dr. Saultes, Spc. LaJoie, Dr. Jon Solberg, LPN Tina Rosario, Dr. Owen McGrane, and RN Knowlton are dedicated medical professionals.

These fine folks are just a few who treated me on my ER visits, and exemplify the quality personnel at MAMC. As a widow, I am so grateful for my military benefits and all the medical staff at MAMC.

Cordially yours,
Margareta

THE MOUNTAINEER

The Madigan Mountaineer is an unofficial monthly offset newspaper for Madigan Army Medical Center, authorized under the provisions of AR 360-1.

Contents in this publication are not necessarily the official views of, or endorsed by, the Department of Defense, Department of the Army and Madigan Army Medical Center.

For information about the Mountaineer, or to submit a story idea, contact the Madigan Public Affairs Office, Madigan Army Medical Center, Tacoma, Wash., 98431. Or call (253) 968-1902. Circulation: 3,500

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Hylie Jan Pressey

Are you ready for this year's flu season?

by Maj. Kenneth Kuhn
Department of Preventive Medicine

Influenza season typically begins in the fall and runs through the winter months. January and February are the peak months for flu activity. Flu season, however, may extend into the spring as late as May. Influenza infection rates are highest among children and serious illness, including death, is highest among persons 65 and older, children younger than 2 and people with conditions that increase their risks for complications, such as those with heart or lung diseases. In the United States, an average of 36,000 deaths and 226,000 hospitalizations from influenza occur each year.

There are two types of influenza virus that can cause disease in humans, Influenza A and influenza B. The signs and symptoms of influenza come on suddenly and include: fever, muscle aches, headache, fatigue, nonproductive cough, sore throat, and runny nose. Nausea, vomiting and ear infections are also common signs and symptoms among children. Some of these signs and symptoms can last for 2 weeks or more.

Influenza is spread primarily through respiratory droplets from coughing or sneezing. Contact with drop-

pet contaminated surfaces may be another source. While influenza can make a person significantly ill, the majority of patients with influenza do not require hospitalization. People with underlying medical conditions, the young, and the elderly, are more likely to experience a complication from an influenza infection. These complications can include pneumonia, sinus or ear infections, worsening of underlying medical conditions and additional infections with other viruses or bacteria.

Once a person is infected with influenza, the contagious period is approximately one day before the onset of symptoms to approximately 10 days after illness onset. Each year the influenza viruses can change slightly (termed drift). Each year the annual flu shot has to be reformulated to best match the most likely types of influenza that will be circulating the following year which is why an influenza vaccine is required every year.

How can we best control influenza? Annual vaccination is the best method for controlling influenza. Getting vaccinated significantly reduces your risk of getting the flu and of transmitting the virus to those around you. The flu vaccine is the most effective method available to prevent flu and prevents infection in nearly 80 percent of people who get it. Health care professionals recommend that everyone receive an in-

fluenza vaccination each year. Should the vaccine be in short supply, targeting those that serve as a source of transmission and are likely to have complications is recommended. Hand washing and the use of anti-influenza medicines for those who do get the flu have also proven to be beneficial.

MAMC Flu Shot Information

Madigan Army Medical Center will be conducting an influenza vaccination campaign in three phases. During Phase I, MAMC beneficiaries will be vaccinated in their primary care clinics when the vaccine becomes available. During Phase II, active duty and civilian MAMC staff will be vaccinated during employee immunization drives held Oct. 21-23 and Nov. 18-20. Finally, during Phase III, MAMC staff and beneficiaries will be vaccinated during National Influenza Vaccination Week from Dec. 8-11. On the Phases II and III dates, vaccination will take place from 7:30 a.m. to 4:30 p.m. on the second floor of the MAMC Medical Mall. The Influenza Hotline is another source for information on influenza and influenza vaccine and will be updated regularly. The Influenza Hotline can be reached at (253) 968-4744.

Missing parts in action team inspires elite runners in Army Ten-Miler

by Tim Hipps
FMWRC Public Affairs

Brazilian Army Pvt. Reginaldo Campos Jr. won the men's division and Veena Reddy of Centreville, Va., led the women in the 24th running of the Army Ten-Miler, which started and ended at the Pentagon on Oct. 5.

Campos, 21, of Rio de Janeiro, improved upon his second-place finish in 2007 to win the race with a time of 48 minutes, 59 seconds.

Steve Hallinan, 22, of Arlington, Va., was second in 49:12, and was followed by Joseueldo Nascimento, 27, of Rio de Janeiro, in 49:12; All-Army team member 1st Lt. Philip Sakala, 25, of Fort Carson, Colo., in 49:45; and 2007 Army Ten-Miler champion Jose Ferreira, 32, of Rio de Janeiro, in 50:03.

Reddy, 29, won the women's race with a time of 58:08, and was followed by Mesert Kotu, 26, of Ethiopia, in 58:45; Gabriela Trana, 28, of Costa Rica, in 59:08; All-Army Capt. Mickey Kelly, 30, of Fort Carson, in 59:29; and Capt. Emily Potter, 29, of Alexandria, Va., in 59:40.

Jason Clark of Wilkes-Barre, Pa., won the wheelchair division with a time of 1 hour, 1 minute, 26 seconds. Hope Galley of Falls Church, Va., led the women's wheelchairs in 1:03:31.

The true "rabbits" on this picture-perfect day for road racing, however, were the Missing Parts in Action competitors from Walter Reed Army Medical Center in Washington and Brooke Army Medical Center in Fort Sam Houston, Texas - physically challenged Soldiers who got a 10-minute head start and motivated the elite runners to work harder.

Several of the front-runners in America's largest 10-mile road race shared encouraging words and

(See MILER, page 4)

Group re-enlistment at the State's Capitol



Sharon D. Ayala

Maj. Gen. Patricia Horoho, commanding general, administers the re-enlistment oath to 29 Soldiers during an Oct. 2 ceremony at the State's Capitol in Olympia, Wash.

by Sharon D. Ayala
Public Affairs Officer

Twenty-nine Soldiers from Madigan Army Medical Center, the Warrior Transition Battalion and the Dental and Veterinary Commands participated in an Oct. 2 group re-enlistment ceremony at the Washington State Capitol. The ceremony was a precursor to the beginning of the Army's new Retention Fiscal Year.

More than 100 Soldiers, Family members and friends congregated inside the Capitol Rotunda to observe the ceremony. Maj. Gen. Patricia Horoho, commanding general, Madigan and the Western Regional

Medical Command, made brief remarks before administering the re-enlistment oath.

"It could not be a more humbling honor than to be able to stand here and be a part of this ceremony where you are re-committing your service to our military and our nation," Horoho told the group of Soldiers.

Sgt. Tony Phu, dental specialist, has been in the Army for five years. During the ceremony, he re-enlisted for another two years, and said that he plans to take advantage of the educational opportunities.

I have a great job in the dental field, Phu said. "I'm also planning to go back to school to pursue a degree in business.

Washington State's First Gentle-

man Mike Greogire and John Lee, director, Washington State Veterans Administration, also attended the ceremony.

As a retired Infantry Command Sergeant Major, Lee said, "These young warriors are important to me. I have a fond affection for the men and women who serve their country."

Family member Andrea Hawkins attended the ceremony to support her husband. As a former Soldier, Hawkins said that she knows just how important family support is.

"Without the support of Families, Soldiers can't complete their mission.... It's vital.

All together, the 29 Soldiers re-enlisted for more than 120 years.

Week focused on pain education, relief, and free massages



Photo by Hylie Jan Pressey

PAIN RELIEF: During the week of Sept. 22, Madigan held a Pain Education Fair in the medical mall. Among the highlights of the fair were the free massages provided by Denise Wood, massage therapist.

by Nancy Poffenberger
Warrior Transition Clinic

Pain is the number one reason patients come to see a doctor. Approximately 76 million of us live with chronic pain—more than the number with diabetes, heart disease, and cancer combined.

During the month of September, hundreds of patients and staff members visited the Pain Education Fair at Madigan Army Medical Center to learn more about chronic pain and treatment options.

Definition of pain

You can't see pain, measure its intensity, or even reliably describe it. There is no silver bullet that will cure or completely eliminate pain. The same treatment does not work for every person with the same problem, but must be customized for each individual. Pain is a complex experience that is influenced by the patient's emotional state and intensified by stress and anger.

What is BTP?

Untreated breakthrough pain (BTP) affects people physically and emotionally, with the fear of increased pain prevent-

ing them from enjoying normal activities. Paying attention to when BTP occurs can help, as you work with your doctor to develop a treatment plan. This might involve medication, relaxation techniques, pacing your activities, and learning different pain management skills to reduce the triggers that cause these flares. To keep your pain in check, decide each morning if you are going to let your pain and a bad attitude distract you from having a good day? (Remember, it's a choice.) Make a list of the good things in your life.

What works?

We now know that using both drugs and non-drug therapies provide the most relief from chronic pain. Living a full life with pain requires that we take an active role in the recovery process. In addition to medications, other options include using humor, biofeedback, acupuncture, healthy eating, spirituality, relaxation, yoga, hot tub, pacing, distraction, massage, stress-control, self-talk, physical therapy, counseling-coping and improved mood, and exercise.

Living with pain is not easy, but it is possible. You have to want to get better. The person with pain must take an active role in the treatment to reduce suffering and improve their quality of life. Pain management is a lifetime process.

(Nancy Poffenberger is a physician assistant and clinical pharmacist. She is also the chairperson of the Controlled Substance Review group at Madigan.)

There is no silver bullet that will cure or completely eliminate pain.

MILER

gestures as they passed the wounded warriors and wheelchair competitors, many of whom sacrificed at war to help protect their freedom.

"Something like this really puts in context what we're doing in the States and overseas with all of our Soldiers, just seeing all of the wounded warriors out there," Sakala said. "I've had two really good buddies pass away - one in Iraqi Freedom and one in Afghanistan. When I'm feeling bad [on the run] and I look over and see these guys doing this - some running on one leg and even some double-amputees - that makes me want to go harder and makes me want to do well."

"I've got Army on my chest and those guys show what we're doing. It takes you back a little bit. I was going back-and-forth and back-and-forth with a guy in a chair. It just makes me really proud to be an American Soldier and very proud of what I'm doing right now."

"It really put into context how awesome this event is."

Sakala unsuccessfully competed for a berth on Team USA for the 2008 Olympics as a member of the U.S. Army World Class Athlete Program. He recently was released from the program and reported to Fort Bragg, N.C. After completing Army Airborne Jump School at Fort Benning, Ga., he likely will deploy to help fight the War on Terrorism.

On this day, Sakala, a 2006 graduate of the United States Military Academy at West Point, N.Y., set the pace for the lead pack through five miles before relinquishing the lead to members of the Brazilian Army Team during the sixth mile.

"When the first Brazilian came, my legs were shot," admitted Sakala, a 1,500-meter specialist who regrouped and battled gamely to finish fourth. "I was just hanging on after that, but that was my personal record for 10 miles. I thought three miles was long, but all things considered, I was really happy going under 50 minutes."

Campos, who ran on Sakala's shoulder for the first five miles, made a strong surge during the sixth mile and quickly opened a 25-meter lead.

"Last year, I waited until too late and finished sec-

ond," Campos said. "First, I like more."

A "Hooah!" pin adorned the lapel of Campos' warm-up jacket.

"It makes me feel very good to represent the Army and my country, and the realization of myself as an athlete," said Campos, who also ran his personal-best time for 10 miles on the road.

While running down the homestretch, Campos was handed a Brazilian flag, which he hoisted above his head as he broke the tape at the finish line.

Brazilian Army Maj. Gen. Cesar Zambao said his team was invited to compete in the Army Ten-Miler for the first time last year. After his runners finished 1-2-3-4-6 in 2007 and claimed four of the top nine spots on Sunday, he said they plan to make the trip an annual tradition.

Second-place finisher Hallinan, a 2008 graduate of American University who works at the Gotta Run Running Shop at Pentagon Row, passed four runners in the final four miles, including two in the last two. Large crowds that lined the race route cheered him along as the first American.

"People were saying: 'C'mon, USA!' It kind of gave me chills," he said. "I felt like I had the weight of my country on my shoulders."

Reddy made her winning move during the eighth mile and cruised to a 37-second victory in the women's chase.

"Today was about", said Reddy, who plans to run the ING Marathon in Amsterdam in two weeks. She finished 15th in the 2008 U.S. Olympic Women's Marathon Team Trials with a personal-best time of 2 hours, 38 minutes, 8 seconds.

Reddy, who was raised in Rhode Island and ran for Wesleyan University, shared an inspirational tale about "a little girl came up to me last summer and told me she wanted to grow up to be like me." That will keep her running through the 2012 Olympic Trials.

"I would love to run London," Reddy said.

Kelly, a former modern pentathlete in the U.S. Army World Class Athlete Program, will report Dec. 1 to Fort Riley, Kan., to train to deploy to Iraq in February.



Photo by Tim Hipps

Members of the Missing Parts in Action Team of amputees from Walter Reed Army Medical Center in Washington and Brooke Army Medical Center in Fort Sam Houston, Texas, start the 24th running of the Army Ten-Miler Oct. 5 at the Pentagon.

"I'm ready for something different," Kelly said. "I'm ready for a change of pace."

Kelly, who improved her personal-best 10-mile time by 40 seconds, hopes to eventually return to WCAP to train for the 10,000 meters or marathon. She also hopes to run the 2009 Armed Forces Cross Country Championships before deploying.

As excited as she was about running her personal-best time, Kelly was equally eager to salute the Missing Parts in Action Team.

"You know what was awesome? The wounded warriors," she said. "I love them. I was just cheering them the whole way. Just watching them, I was bursting every time I went by one. It just gave me energy to see them run."

"I gain strength from watching their strength. I was yelling for every one of them that I could see because they were running right next to us. It was pretty cool. And to be running around the monuments with everyone yelling 'Go, Army!' is very special."

October is Breast Cancer Awareness Month

Breast MRI now being used to screen high risk patients

by Sharon D. Ayala
Public Affairs Officer

The American Cancer Institute recommends screening mammograms for women age 40 and older every one to two years. But for women who have higher than average risk factors, the recommendations change quite a bit.

Research has shown that women who have had breast cancer in the past; a family history of breast cancer; or having one of the BRCA (BRCA1 or BRCA2) gene mutations have a higher risk of developing breast cancer in their lifetime.

Research is actively being done to find new tools to assist in the early detection of breast cancer. One of these tools, breast Magnetic Resonance Imaging (MRI), is currently being used at Madigan Army Medical Center.

Dr. Don Smith, a staff radiologist at Madigan, said that MRIs are an important addition to the screening process for high risk patients.

"Numerous studies have shown that MRIs have a greater ability to detect breast cancer in high risk patients than mammograms," Smith said.

That's especially true for women who have dense breast tissue which makes it more difficult to detect cancer cells. Smith was quick to add, however, that although an MRI is a powerful tool for detecting breast cancer, it is not a replacement for mammography.

What is an MRI?

An MRI is a painless procedure in which radio waves and powerful magnets linked to a computer are used to create detailed pictures of areas inside the body without the use of radiation. Each MRI produces hundreds of pictures from side-to-side, top-to-bottom and front-to-back.

"We are very excited to offer this latest sophisticated technology for our patient population. It enhances patient care because it gives us one more tool to further evaluate more complex breast problems," said Jennie Fuller, clinical coordinator, Breast Diagnostic Center at Madigan.

Benefits of Breast MRI

In high risk patients, MRIs can detect cancer between 70 and 100 percent of the time versus 30 to 50 percent with mammography. Some of the other benefits of MRI include: sensitive to small abnormalities; effective in dense breast tissue; able to image breast implants/ruptures; can locate the primary tumor in women whose cancer has spread to the armpit lymph nodes; can detect residual cancer after a lumpectomy; and can spot or characterize small abnormalities not seen by mammography.



Photo by Hylie Jan Pressey
A patient prepares to have a Breast MRI procedure performed at Madigan.

Starting in early 2009, Madigan's Breast Diagnostic Center will begin offering annual Breast MRI screenings for patients who have a greater than 20 percent lifetime risk for developing breast cancer, Fuller said.

"Each patient will be asked to complete a brief questionnaire regarding her self and family history," Fuller explained. "The responses are calculated using the Gail Risk Assessment model. The scores will help us determine the patient's five year and lifetime risk for developing breast cancer."

Fuller added that the types of breast imaging and frequency are recommended based on these findings.

Back injuries number one problem in the workplace

by Ret. Lt. Col. Robert Matekel
Former Chief, MAMC Physical Therapy

Four out of five adults will experience significant back pain sometime during their life. Work-related back injuries are the nation's number one occupational hazard and after the common cold, back pain is the most frequent problem that brings a person to a doctor's office.

These figures are not surprising, given the amount of stress that is placed on the back.

The back is the main support structure of the entire body. Along with muscles and joints, it allows one to move, twist, bend, and bear weight. But, the back is also a finely balanced structure that can be easily injured if not cared for properly.

Knowing the basics of back care can make the difference between a healthy back and an aching one.

The back, or spinal column, is composed of 24 moveable bones called vertebrae. Between each vertebra is a cushion-like pad called a disc, which absorbs shock. These vertebrae and discs are supported by ligaments and muscles, which keep the back properly aligned. When any of these various parts become diseased, injured, or deconditioned, back problems and pain are almost certain to follow.

The back is balanced when your cervical (neck), thoracic (chest), and lumbar (low back) curves are all properly aligned. Proper alignment occurs when ears, shoulders, and hips are "stacked" in a straight line. A healthy back is also protected and supported by flexible discs and well conditioned muscles.

A number of physical conditions such as curvature of the spine (scoliosis), arthritis, herniated (ruptured) discs, sprains and strains can cause back pain.

However, the majority of backaches are due to poor posture, weak supporting

muscles, and faulty body mechanics. Improper posture places excess stress on the spinal column, especially for those who spend a lot of time sitting or lifting. Over time, poor posture can lead to sudden or recurrent back pain. Weak and deconditioned muscles contribute to and are often responsible for poor posture since they cannot adequately support the spinal column.

Improper body mechanics, such as when lifting incorrectly, additionally places increased stress on the back, which can result in back pain.

By using proper posture when sitting, standing, reclining, lifting and moving, and by exercising the muscles that support the back to keep them strong and flexible, the most common causes of back pain are preventable. The result is freedom from back pain, and a stronger, healthier back.

Special Agent Applicants Sought by CID

(Press Release) The U.S. Army Criminal Investigation Command, commonly known as CID, is seeking qualified Soldiers to serve the Army as highly-trained special agents.

Special agents are responsible for investigating felony-level crime of Army interest, conducting protective-service operations and working with other Federal, state and local law enforcement agencies to solve serious crime and assist in combating terrorism.

Agents receive training at the U.S. Army Military Police School and advanced training in specialized investigative disciplines. Selected agents receive advanced training at the FBI National Academy, Metropolitan Police Academy at Scotland Yard, DoD Polygraph Institute, and the Canadian Police College. Agents also have the opportunity to pursue a master's degree in Forensic Science from George Washington University.

To qualify, applicants must be a U.S. citizen, at least 21-years-old, be an E-5, SGT (non-promotable), with at least two years but not more than 10 years time in service, have an ST score of 107 or higher (ST of 110 if tested prior to 2 January 2002), have at least 60 college credit hours from an accredited institution (waiver of up to half of this prerequisite may be considered if favorably endorsed by the local CID office), have a physical profile 222221 or higher, with normal color vision and no record of mental or emotional disorders, a minimum of one year of military police experience or two years of civilian police experience (a waiver of this prerequisite may be considered if favorably endorsed by the local CID office).

Applicants must be able to speak and write clearly, have suitable character established by a Single Scope Background Investigation leading to a Top Secret clearance, no record of unsatisfactory credit and no civil court or court-martial convictions, and lastly, be able to complete 60 months of service obligation upon completion of the Apprentice Special Agent Course.

To apply or for more information, visit www.cid.army.mil or contact your local CID office.

AW2

AW2 advocates are located throughout the country at major Military Treatment Facilities and VA Medical Centers providing on the ground support to Soldiers and their Families.

Eligibility Requirements

To be considered for the U.S. Army Wounded Warrior Program, a Soldier must:

- Suffer from injuries or illnesses incurred after Sept. 10, 2001, in support of

the Global War on Terror (GWOT).

- Receive or be expected to receive a 30 percent or greater Army disability rating by the Physical Disability Evaluation System such as: Loss of Vision/blindness, loss of limb, spinal cord injury/paralysis, permanent disfigurement, severe burns, traumatic brain injury, post traumatic stress disorder, and fatal/incurable disease

- Receive a combined disability rating from the U.S. Army Physical Disability

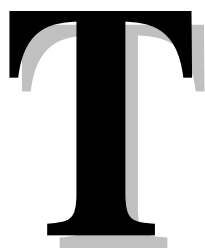
Agency of 50 percent or greater for any other combat or combat-related conditions.

"Once the Soldier is found eligible, we begin to provide assistance," Wilkins said. "If a Soldier is not eligible, but has a need for assistance, we provide him or her with the information they may need to help resolve their issue."

Wilkins also provides assistance to Soldiers who want to stay in the Army.

"Soldiers who have experienced a severe wound, injury or illness may choose to stay on Active Duty or Active Reserve. To date, most Soldiers who have requested to continue in the Army have been able to do so."

To learn more about the U.S. Army Wounded Warrior Program, visit www.AW2.army.mil, or contact Corinne Wilkins, 968-2344, 8:00 a.m. - 4:30 p.m.



TRICARE CORNER

New TRICARE Prime Fee Payment Process

TRICARE rules are expected to change regarding how your TRICARE Prime enrollment fees are paid.

As early as 2010, Prime beneficiaries will need to begin making their enrollment fee payments via electronic means. However, not everyone pays enrollment fees, so please note whether this applies to you:

- You DO pay fees if you are enrolled in TRICARE Prime as a retired service member, the family of a retired service member, a survivor or an eligible former spouse.

- You DO NOT pay fees if you are enrolled in TRICARE Prime or TRICARE Prime Remote as an active duty service member, the family of an active duty service member or a transitional survivor of an active duty service member. There are also no fees associated with standard coverage.

These changes to payment of enrollment fees mean that those TRICARE enrollees who pay enrollment fees will be required to pay them by one of the following methods:

- Allotment from the sponsor's retired military pay; or
- Electronic funds transfer (EFT) from your financial institution established directly to TriWest; or
- Recurring credit card (Visa® or MasterCard®).

When these changes become effective, the only time a check payment will be accepted is for the first payment to cover the next quarterly period while an allotment or other electronic means of payment is being processed.

If you are currently making your TRICARE Prime enrollment fee payments electronically, no action is needed, unless you are signed up for an online bill pay with your bank. This may mean that a physical check is being cut from your bank and mailed to TriWest, and a change such as an EFT is needed to become compliant with TRICARE's electronic requirement.

Luckily, it's easy to register and get started. To begin, simply log on to www.triwest.com/epay. Paying online has several positive features. For example:

1. Security. TriWest uses a secure Web site, certified through the Defense Information Security Accreditation Program, leaving you the peace of mind that comes with secured access while managing your family's health care.

2. Convenience. At a glance, view payment history, claims status or receive instant updates through QuickAlert e-mails notifying you when an authorization or specialty referral has been processed.

3. Timely payments. Save yourself the

worry of writing and mailing checks, therefore helping to eliminate risk of missing payments, which could result in disenrollment from Prime.

4. Less relocation worries. When your payments are electronic, you'll have one less stop to make on your move so you can concentrate on what matters most.

5. Automatic payments. Automated payments take one more worry off your plate each month.

To start your electronic payments:

Online

Registered users can log on to www.triwest.com. Non-registered users can create an account at www.triwest.com and receive a password within minutes. Click "Online Payment" and provide the information required for your payment option (allotment, EFT, or credit card).

By mail

Go to www.triwest.com and select "Find A Form" from the Quick Links section to download and print an allotment or EFT/Recurring Credit Card form. Complete the applicable form, sign and mail it with your initial fee payment to:

TriWest Healthcare Alliance Corp.
P.O. Box 43590
Phoenix, AZ 85080-3590

Learn more about making your electronic payments by logging on to www.triwest.com/epay or calling 1-888-TRIWEST (874-9378) between 8 a.m. and 6 p.m., Monday through Friday. A representative will answer any questions and better inform you about online Web registration or help you establish an electronic fee payment.

(TriWest Healthcare Alliance News Release)

Habla Español? TRICARE Speaks Your Language

FALLS CHURCH, Va. -- TRICARE beneficiaries now have a choice when it comes to how they receive their healthcare information. Spanish language versions of key healthcare information materials are now available at all TRICARE Service Centers (TSC) or can be downloaded at <http://www.tricare.mil/tricaresmart/SerchResults.aspx?s=spanish>.

"To ensure all service members and their families are well cared for, now and in the future, it is essential to provide information they can all understand," said Army Maj. Gen. Elder Granger, deputy director, TRICARE Management Activity. "We recognize that Hispanics are the largest growing segment of the U.S. population, and providing healthcare information in both English and Spanish is good customer service."

Helpful publications

TRICARE publications in Spanish include: TRICARE Prime Handbook, TRICARE Prime Remote Handbook, TRICARE Latin America and Canada Handbook, TRICARE Choices for the National Guard & Reserve Flyer, TRICARE Summary of Beneficiary Cost Flyer, TRICARE Overseas Program At a Glance Flyer, and a few other forms and letters.

Make the most of your time when visiting your health care provider

by Maj. Scott Stokoe
Managed Care Division

Planning ahead for your medical appointment will ensure that you and your provider get the most out of your time together. Prior to your visit, write a few notes regarding your health concerns and bring them to your medical appointment. Questions to think about are:

- What concern would you like addressed during your visit?

- What symptoms do you have and how long have you had them?

- What treatments have you tried that have worked or not worked?

- Have you had any difficulty in carrying out previous treatments?

- Have there been any changes to your normal daily routine?

- Are you taking any medications for this or other health conditions?

- Do you need any prescriptions refilled?

At times, there is more than one concern you

would like addressed during your visit. Since appointment times are limited, there may not be enough time to address all concerns during one visit and a second visit may be required. During your visit, your provider will address your most urgent health concerns first, and will then address the less urgent concerns if time permits. Remember to note prescriptions that need to be refilled and discuss them with your provider. Planning ahead can save a future visit just for refills. If you have time, ask to speak to the clinic's Non-Commissioned Officer in Charge (NCOIC), the Head Nurse, Administrative Officer, or Clinic Chief to tell them how your appointment went.

To schedule an appointment, contact the TRICARE Regional Appointment Center at 1-800-404-4506, or go to <https://www.tricareonline.com> to

Tell us how we're doing ...

If you have time, ask to speak to the clinic's Non-Commissioned Officer in Charge (NCOIC), the Head Nurse, Administrative Officer, or Clinic Chief to tell them how your appointment went.

schedule a primary care appointment on-line. If you are unable to schedule a primary care appointment, you can contact the clinic to speak with or leave a message for the triage nurse. The triage nurse will evaluate your health concern and may recommend self care treatment options, look for appointment availability within the clinic, or initiate an urgent care referral for care at a civilian urgent care clinic. To speak with a triage nurse or to contact the after hours on-call provider, you can call your clinic below and follow the prompts:

- Family Medicine: (253) 968-0770*
- Nisqually: (253) 966-9858*
- Okubo: (253) 966-1991 (During duty hours) / 968-0770 (After duty hours, weekends/holidays)
- Internal Medicine: (253) 968-2462*
- Pediatrics: (253) 968-3066 *

*(Number available 24/7, includes weekends/holidays)

If you are unable to schedule a specialty care appointment, you can call the Managed Care Division Referral Coordination Center (RCC) hotline at 253-968-2903 and leave a message. The RCC will coordinate with the specialty care clinic to help get an appointment scheduled.

LOOK WHO'S GETTING kudos

Congratulations to the following individuals who were presented awards at the Sept. 2008 Commander's Awards Ceremony:

Purple Heart Recipients:

Spc. Matthew Flinger
Spc. Wesley Hixon
Spc. Cornelius Rogers
Spc. Kyle Thompson

Meritorious Service Medal:

Col. Eric J. Rubel
Lt. Col. Anne L. Champeaux
Capt. Joren B. Keylock

Army Commendation Medal:

Col. Curtis Hobbs
Lt. Col. Dave Della-Giustina
Lt. Col. Laura Trinkle
Lt. Col. Kris Peterson
Maj. Scott Stokoe
Sgt. Dennis C. Martinho
Sgt. Melissa M. Murphy

Army Achievement Medal:

Col. Mark Torres
Lt. Col. Michael Chinn
Lt. Col. Tom Curry
Lt. Col. David Zenger
Maj. Jodi Brehmer
Maj. Michael Brown
Maj. Jennifer Gotkin
Capt. Michael Favero
Capt. Abraham Loo
Capt. Zoe E. Sundell
1st Lt. Monina Ancheta
Sgt. Michele Douty
Spc. Corneille Church

Certificate of Appreciation- Ass't Sect. of Army:

Carol Nichols
DOA - Commanders Award for Civilian Service:

Dr. Lori Loan
Mike Carico
Darnisel Chambers
Tamara Longshore
Sharon Neal
Michael Pontius
Nancy Poole
Martha Race
Diane M. Thagard

DOA- Achievement Medal for Civilian Service:

Dr. Donald Johnson
Lennie Coffey
Mary E. Hargrove
Kimberly Hetzler
Susan Hicks
Nancy Hodge
Paul Melo
Joseph Miller
Laura Pierre
Linda A. Wilkins
Judy Zeiger

DOA- Civilian of the Quarter:

Glennnda Felker
WRMC Coin:
Col. Diane Flynn
Lt. Col. Laurie Sandstrom
Lt. Col. Laura Trinkle
Maj. Ann Sims
Capt. Don Sexton
Capt. Michael Wissemann
Staff Sgt. Nicholas Frederickson
Staff Sgt. Sgt. Raul Martinez
Staff Sgt. Joseph Kovacs
Staff Sgt. Brian Sweet
Sgt. Jeffrey Jennelle
Spc. Justin Ayala

Spc. Trisha Ronk

Pattie Barnhart

Jose Colon

Debbie Flynn

Jeff Heim

Kathi Hamilton

Bonita Long

Joe Miller

Beth Quichocho

Mike Reninger

Andrea Turner

MAMC Certificate of Recognition:

Col. Steven Gertonson

Col. Donald McClellan

Col. Robert Mazzoli

Col. Rieke Weickum

Lt. Col. Steven Brady

Lt. Col. Lena Gaudreau

Lt. Col. Judith Graham

Lt. Col. Greg Kidwell

Lt. Col. Angela Mysliwiec

Lt. Col. Mark Torres

Maj. Melissa Forouhar

Maj. Jennifer Gotkin

Maj. Sandra Rolph

Maj. Ann Sims

Maj. Wendy Miklos

Sgt. 1st Class Alexander Harmon

Staff Sgt. Lynn Strawn

Staff Sgt. Brian Sweet

Veronica Brown

Bud Bryant

Janet Fabling

Debbie Flynn

Michael Foster

Kathi Hamilton

Donna Hartwick

Nancy Hodge

Judy Pegum

Janet Schertzer

Darlene Thornton

Larry Whorley

Certificate of Appreciation- North Dakota National Guard & Coin:

1st Sgt. Cedric Clark

Staff Sgt. James Hall

Staff Sgt. Rodney Koch

Staff Sgt. Francis Loop

Staff Sgt. Robert McClymond

Continuous Compliance Cups:

Inpatient setting: ICU East accepted by Maj. Tracy Ball, Head Nurse, ICU East

Outpatient setting: Physical Therapy accepted by Staff Sgt. Brian Vestal

Administrative area: Logistics accepted by Col. James Shields, Chief Warrant Officer Tracy Stephens

September 2008 Re-enlistments:

Staff Sgt. Reggie Williams, WTB
Staff Sgt. Joseph Kovacs, Madigan
Staff Sgt. Joshua Dean, Madigan
Staff Sgt. Jessica Lopez, Madigan
Sgt. Jonathan Lee, Madigan
Sgt. Dan Fortune, WTB
Sgt. Kenneth Hawkins, WTB
Sgt. Desiree Morris, Madigan
Sgt. Mauree Staley, Madigan
Sgt. Christina Criscitello, Madigan
Sgt. Brett Dean, Madigan
Sgt. David Veloz, Madigan
Sgt. Molly McGraw, Madigan
Spc. Antonio Paredes, Madigan
Spc. Luis Arambulaguzman, Madigan
Spc. Cameron Jurkowski, Madigan
Spc. Gerald Harley, Madigan
Spc. Karl Abian, WTB

Re-enlistment Cont.

Spc. Elizabeth Purdy, Madigan
Spc. Dwon Tagger, Madigan
Spc. Harold Dilworth, VETCOM
Spc. Candice Hirsch, WTB
Spc. David Estrada VETCOM
Spc. David Siebert, Madigan
Spc. Matthew Chopay, Madigan
Spc. Theresa McHaney, VETCOM
Spc. Kaelin Thurmon, Madigan
Spc. Song Kim, VETCOM
Spc. Tony Phu, DENCOM
Spc. Rama Rhoads, Madigan
Pfc. Sarah Jones, WTB

Nielsen's research to be used as case study by WHO

The World Health Organization has selected the research work of Col. Peter Nielsen, chief, OB/GYN at Madigan and Consultant to the Surgeon General of the Army for Obstetrics and Gynecology, to be used as a web-based case study to illustrate key examples of patient safety research. Col. Nielsen's paper entitled, "Effects of teamwork training on adverse outcomes and process of care in labor and delivery: A randomized controlled trial," and others will be used to entice early to mid-career researchers and health care practitioners to pursue patient safety research, particularly in developing and transitional countries.



Col. Nielsen

The following individuals received letters of appreciation for providing outstanding customer service and patient care:

Department of Surgery:

Dr. Charles Andersen
Kandace Dennison
Maj. Tung Ha
Capt. Nathan Zwintscher
Maj. Eric Bluman
Capt. Nathan Frost

7 North:

Catherine Sumner

Health Outcomes Division:

Robert Pontius

ICU-West:

Lt. Col. Gayla Wilson

OB/GYN:

Capt. Nathaniel Miller

Labor and Delivery:

Sandra Moore

Ophthalmology Clinic:

Lt. Col. Steven Brady

Dept. of Family Medicine:

Lynn Okita

Physical Medicine & Rehabilitation:

Maj. Erica Clarkson
Sgt. 1st Class Tanyanika Jones
Staff Sgt. Brian Vestal
Staff Sgt. Thomas Hewitt
Sgt. Mark Mansanarez
Spc. Jonathan Lee
Steven Travers
Anya Rapp
Terri Metzler
Tammy Melessa
Internal Medicine:
Capt. Matthew Wright

Madigan Foundation awarded for its support of wounded warriors

The Madigan Foundation was recently awarded the 2008 Fisher House, Inc. "Newman's Own Award" for its support of the Fort Lewis/Madigan Warrior Transition Battalion's Remote Warrior Care Program. The award and a grant for \$5,000 were presented to the Madigan Foundation at a Sept. 5 ceremony held in Wash., D.C. Admiral Mike Mullen, Chairman, Joint Chiefs of Staff, hosted the event.

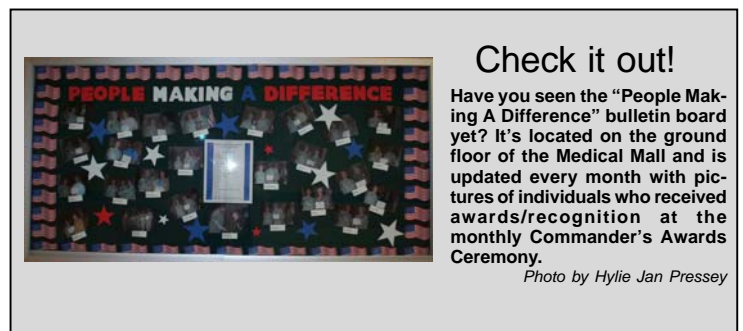
The award recognizes homefront organizations for their contributions to military quality of life. An excerpt from the award citation states, "Your spirit of volunteerism, generosity and patriotism is making a difference in the quality of life for members of the military and their families ... Your contributions to the support and welfare of our Armed Forces are appreciated."

A total of 15 organizations were recognized this year for their creative and compassionate plans to improve the quality of life for our nation's heroes and their loved ones.

Tricare program named best in the nation

In the September 2008 issue of *Managed Care* Magazine, the Department of Defense's Managed Care Program, Tricare, was named the best health care insurer in the nation, followed closely by Kaiser Permanente, CareFirst Blue Cross, Blue Shield, AARP, and Blue Cross Blue Shield of Michigan, according to customers in a nationwide survey.

According to Jim Wilson, RPh, MBA, president of Wilson Health Information, "Tricare's government provided plans have the highest satisfaction."



Check it out!

Have you seen the "People Making A Difference" bulletin board yet? It's located on the ground floor of the Medical Mall and is updated every month with pictures of individuals who received awards/recognition at the monthly Commander's Awards Ceremony.

Photo by Hylie Jan Pressey

MADIGAN MINUTE

●Briefs

●Upcoming Events

●Training

Skin Cancer screenings

The Madigan Dermatology Clinic will be offering Skin Cancer Screening exams on Nov. 10 & 12. Patients can begin scheduling appointments with Tricare, (800) 404-4506, beginning Oct. 30.

Consults for these screenings are not required. However, because the appointments will only be 5 minutes in length, no other treatments or skin conditions will be addressed during the appointment. If patients are found to have lesions that require biopsy or treatment, they will be referred to their primary care provider to arrange for treatment or for a referral to specialty care.

Appointments will be given on a first come, first served basis.

Recognize someone for great customer service

Commander's Award for Customer Service is a way to recognize employees who consistently go "above and beyond" the call of duty. If you would like to recognize those deserving staff members, send an e-mail to the Public Affairs Office describing why the individual deserves to be awarded the Customer service gold pin. Those nominations approved by the committee will be recognized at an upcoming Commander's Awards ceremony.

National Disability employment month

National Disability Employment Awareness month will be observed at Madigan Army Medical Center on Oct. 17. To recognize the month, the Equal Opportunity Office will be showing clips from the movie, "Music Within," in Letterman Auditorium, at 7:30 a.m., 10 a.m. and 1 p.m.

For more information, please contact Master Sgt. Christine LeCain, at 968-4072.

Fall faculty seminar

The Madigan Faculty Development Fellowship is pleased to announce that the 14th annual Fall Faculty Development Conference will again be held at the American Lake Community Center, Oct. 23-34, 2008.

This 2-day conference is designed for teaching staff and leaders from residencies and clinical educational programs as well as hospital departmental leadership from MAMC and Naval Hospital Bremerton. To view the agenda and to register please go to:

<https://www01.hjf.org/apps/internet/events2.nsf/eventView2/35466777EAC4BDF28525746500696C79>

MAMC Holiday Ball

This year's holiday ball for Madigan will be held Dec. 13, at Tacoma Convention Center. Tickets will go on sale in the near future.

Upcoming holidays and training holidays

Madigan Army Medical Center will observe the following holidays and training holidays:

- Veterans Day: Nov. 11
- Thanksgiving: Nov. 27
- Training holiday: Nov. 28

Medical center services will be curtailed on both holidays and there will be minimal service on the Nov. 28 training holiday. Emergency room services will operate normal hours on all dates.

What's a "Q" pin?

The Quality (Q) pin signifies that an individual made contributions to a team that was recognized for a quality outcome. We work hard here at MAMC to improve processes. Do you know of a team that has made an improvement? Showing appreciation with a "Q" pin is very easy and would mean a lot to your team.

Call or e-mail Carol Nichols for a "Q" pin request form. Q pins and certificates are usually processed within 2 weeks of request, 968-0646.

Applied research training

Mark your calendars for the Fall 2008 Applied Research Training (ART) Course - The next ART Course will be offered Wednesday/Thursday, Nov. 5 to 6, at the McChord AFB Combined Club.

The course is designed for all researchers whether you are new to research, your training is about to expire or you have not performed research in many years and want to be involved again. The course will last for 2 days and includes lunch on Wednesday at no cost to the individual. There is no fee for this course and attendance of the entire course satisfies the training requirement for research personnel. CME and Nursing Continuing Education Credits are approved. To register for CME credit, go to <https://apps.mods.army.mil/cmeweb/secured>, click on Activity Registration, click on Fiscal Year 2009, find Madigan in the Facility box, and click on Activity 2008-0377. Class size is limited to 60 participants. Registration begins immediately on a first come-first serve basis by using the below link:

<https://madigan.sharepoint.mamc.amedd.army.mil/sites/DCI/ART/pages/Register.aspx>

Overseas briefing

If you are a military or DA Civilian employee assigned or attached to Madigan and are planning to travel outside of the United States, its territories or possessions, you must receive an AOR threat briefing.

For more information about scheduling a briefing, please contact Ms. Veronica McCann, (253) 968-2425.

Nurses to host first annual Law Day

First Annual Nurse's Law Day. Before you finalize your October work schedules, please plan on joining us Oct. 20, in Letterman Auditorium from 8 a.m. to 4 p.m.

This one day conference will focus on a variety of topics facing health care professionals, especially Federal nurses, on a daily basis.

Some of the topics include: Charting Pitfalls, Drug Diversion, and HIPAA and Law Enforcement Issues.

The focus is on the nursing staff, but all MAMC staff are invited to attend.

Please go to the MCD Sharepoint Homepage for more details. For more information, please e-mail Ms. Kimberly Idland at kimberly.idland@us.army.mil.

Diabetes awareness month

November is National Diabetes Awareness Month. Please visit the Diabetes Care Center display in the Medical Mall Nov. 10-14.

There will be materials for both Madigan Army Medical Providers and their patients. Certified Diabetes Educators will be available to discuss the DCC programs and answer questions on Worldwide Diabetes Awareness Day Nov. 14 from 8 a.m. to 4 p.m.

Continuous compliance

The next Continuous Compliance Course will be held Friday, Oct. 17 at the CHPPM-West building.

The course is 4.5 hours in length. It has been carefully designed with the clinic chief, head nurse, ward master, NCOICs and administrative officers in mind. The course will help staff members to stay current on Joint Commission standards, while learning how to assess and monitor their clinic for ongoing compliance with these standards.

The course is CME/CHE accredited and offers resources and tools to assist in this process.

To register, please call (253) 968-4996. The next course will be offered in January 2009.

Free paper shredding

Fort Lewis is offering free shredding of personal papers to Soldiers, Family members, civilians and retirees on Thursday, Nov. 6, 10 a.m.-1 p.m. at the Commissary parking lot. This is the one time of year that the post community can securely shred and recycle their sensitive household documents onsite for free. Customers will be able to watch their documents as they are shredded, and leave with the confidence that their information is securely disposed. Limit 3 boxes (or trash bags) per household.



Fall Festival Parade & Contest

Friday, 31 OCT 08

3:30 p.m.

GROUND FLOOR MEDICAL MALL

(Participants meet on the 2nd floor Medical Mall at 1500)

4 CATEGORIES:

- ADULT (13 & OVER)
- CHILD (12 & UNDER)
- ADULT GROUP (2 OR MORE)
- CHILD GROUP (2 OR MORE)

WINNERS WILL BE FEATURED IN THE NOVEMBER 2008 ISSUE OF THE MOUNTAINEER

POC: Public Affairs Office
968-3086